CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX urridge ZIP CODE 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX; STATE; CITY: **OFFICEHOLDER** MAILING RIA CO., TEX **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered of Date Postmarked **OFFICEHOLDER** (979) 236-3351 **PHONE** Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME Date Imaged Burridge 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN **TREASURER** PHONE 9) 709-3597 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month Day Year COVERED THROUGH 2024 11 ELECTION ELECTION DATE **ELECTION TYPE** Runoff Other Day Description General Special OFFICE HELD (if any) OFFICE SOUGHT (if known) 12 OFFICE Brazia Cty 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	6 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
П	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2000		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0		
	4. TOTAL POLITICAL EXPENDITURES	\$ 5689		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 8:111		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 70000		
18 SIGNATURE S	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information		
	uired to be reported by me under Title 15, Election Code	and somest and morades an information		
124				
	Ulas Ke			
	The state of the s			
	Signature of Can	didate or Officeholder		
	Please complete either option below:			
	Ŭ.			
A A A SCI classica				
(1) Affidavit				
		d		
NOTARY STAMP/SEAL				
NOTART STANIF/SEAL				
Swom to and subscribed	before me by this the	day of,		
20, to certifywhich, witness my hand and seal of office.				
, to dointy	William William Hard and Scar of Office.			
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath		
	OR OR			
(2) Unsworn Declaration)n			
My name is Vav B	and my date of birth is	01-26-1965		
My address is 73	Surridge and my date of birth is N Colla Lily CT Lake Tackson To (street) (street)	77.56 USA		
iviy addiess is//	(atmost)	oto) (rip godo) (country)		
P . 70.	(street) (city) (state of <u>Texas</u> , on the <u>Z6 day of Feb.</u>	ate) (zip code) (country)		
Executed in Brazoria County, State of IRXAS, on the Gay of Feb., 20 24.				
	Chan Me	V,		
	Signature of Candida	te/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	LER NAME 20 Filer ID (Ethics Co		mmission Filers)
	Jay Suridge		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2000	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLI	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

- Property of the second	Participant of the second			
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Russidge			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Rancia Arring		(10#)	? Amount of contribution (\$)
2/7/24	6 Contributor address;	City;	State: Zip Code	50.00
		Houston	TX	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	diona)
Date	Full name of contributor	100000	(ID#)	Amount of contribution (8)
2/7/24	Contributor address:		State; Zip Code	200.00
		(de Tarkso	nTX 77566	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	aut-of-state PAC	(ID#)	Amount of contribution (\$)
2/7/24	Stere Wilsey Contributor address;	City;	State: Zip Code	300.00
	_	Lake Ju	whon, TX 7757eb	300.
Principal occup	pation / Job title (See Instructions)	for a second	Employer (See Instruc	dions)
Date	Full name of contributor		((D#)	Amount of contribution (\$)
2/7/24	John Simmer Contributor address;	City:	State: Zip Code	100.00
		Freeport	1x 77541	
Principal accut	Sation / Job title (See Instructions)		Employer (See Instruc	tions)
		Self-employed		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable. DO NOT include this page in the report.

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full hame of centributer	(ID#)	7 Amount of contribution (\$)		
2/10/24	6 Contributor address: City;	State: Zip Code	100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	dons)		
Date	Full name of contributor	(IDX	Amount of contribution (S)		
2/17/24	Centributor address; City;	State: Zip Code	1000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date		(18#)	Amount of contribution (\$)		
2/15/24	Contributor address: City:		150.00		
	Frear	14577 XF, Loca			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	ar a	(IDI:)	Amount of earthbution (8)		
2/12/24	Stanley Simiskey Contributor address; City:	State; Zip Code	100.00		
	Cherikin	n 3x 77566			
Principal occupation / Job title (See Instructions)		Employer (See Instruct	tions)		
175-20-20-20-20-20-20-20-20-20-20-20-20-20-					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees FoodBeverage Expense GIMAwardsMemorials Expense Legal Services Leen Repayment/Reimburgement Office Overhead/Rental Expense Politing Expense Printing Expense Salarins/Manas/Contract Labor

Solicitation/Fundraleing Expense
Transperiation Equipment & Related Expense
Travel In District
Travel Out Of District

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above). Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethica Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Jan 4 Date 5 Payee name Zip Code 6 Amount (3) (b) Description 8 PURPOSE OF Adverticino EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held S Camplete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name City: State: Zip Code Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: Zip Code de Jackson TX PURPOSE Advertising Supplies EXPENDITURE Check if travel outside of Texas. Complete Schedule 7. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Glift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saiaries/Wages/Contract Labor Solicitetion/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (and recognized above)

Candidate/Officenolder/Politica Credit Gard Payment	The instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jan Ruridge		3 Filer ID (Ethics Commission Filers)
4 Date,	5 Payee name Tractor Supply (5)		
6 Amount (\$)	7 Payee address; City: State; Zip Code		
114.18	1 3	ackson, TX	1.77566
8 PURPOSE	(a) Category (See Categoriès listed at the top of this schedule)		Iside of Texas. Complete Schedule T.
OF EXPENDITURE	Λ		TX, officeholder living expense
	Advertising	Sign Tp	05.42
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/19/24	Tractor Supply		
Amount (\$)	Payee address; City. State; Zip Code		
104.67	203 Huy 332W Loke Ja	allon, TX	77566
	Category (See Categories listed at the top of this schedule)	Description Check it travel outs	side of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Δ.		TX, officeholder living expense
EXPENDITORE	Advertising_	Tposts	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/18/24	Patco Ace Horlware		
Amount (\$)	Payee address; City; State; Zip Code		
32.86	222 West Willis St. Al	vin, TX 7	7511
	Category (See Categories listed at the top of this schedule)	Description Check if travel out	side of Texas. Comptote Schedule T.
PURPOSE OF EXPENDITURE			TX, alfloeholder living expense
LAT HIVITYIL	Adv.	Supplies	(SRd)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
CreditCard Payment

Forms provided by Texas Ethics Com

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poilling Expense Printing Expense Salaries/Wages/Contract Labor Solicilation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Revised 8/17/2020

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Jay Duricke		3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Rayee name			
6 Amount (\$)	7 Payor address:	City	Di-i-	7:- 0 - 1 -
σ Amount (φ)	7 Payee address;	City;	State;	Zip Code
23.36	410 Terry Ave N. Seo	He WA	98101	
8	(a) Category (See Categories listed at the lop of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advetisino	Campaign	Supplies	
	(c) Check if travel outside of Texas. Complete Schedule T.	, ,	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/20/24	Amoron			
Amount (\$)	Payee address;	City;	State;	Zip Code
29.19	410 Terry Ave N	Scottle	WA 9	8101
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Compaign	Supplies	
	Check if travel outside of Tiexas Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/20/24	Acodemy			
Amount (\$)	Payee address;	City;	State;	Zip Code
162.34	Category (See Categories listed at the top of this schedule)	Description	TX	77581
PURPOSE OF				
EXPENDITURE	Haurtising	Supplier		
I MANAGEMENT AND A STATE OF THE	Check if travel outside of Texas. Complete Schedule 1.		, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Assurting Expense
Controlling Expense
Controlling Expense
Controlling Committee Ry
Controlling Committee
Credit Controlling Relition Committee

Event Expense Feet Fust Geverage Expense GIVA/vents/Morrorists Expense Legal Bervices Logn Receptor with the rest of the Overteen of Expense Printing Expense Salaries Magas Montract Labor

Sciedatorif v challing Expense
Transportation Equipment & Related Expense
Travel in British
Travel Out Of Detrict
Other (unter a extegacy not listed above)

Credit Card Payment	resembles communication guide explains how to c	complete this form.	Citable (Muster & considerly, USI moved accord?)
1 Total pages Schedule F1:	2 FILER NAME BUridge		S Filer ID (Ethica Commission Filers)
2/25/24	Amazon		
6 Amount (\$)	7 Payoe address:	City:	State: Zip Code
59.53	410 Terry Ave N. Seat	The state of the s	98101
	(a) Collegery (Ben Categorine listed at N to top of this schodule)	(b) Description	
Purpose Of Expenditure	Sypplies	T-post rem	2900
	(c) Check if travel outside of Toxas. Complete Schedule T	Check if Austi	n. Tit. officeholder living expense
Cemplete QNLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office tought	Office held
Date	Payee name		The state of the s
2/1/24	Pay Pal		
Amount (3)	Payee address:	City:	State: Zip Code
20.75	1123 Coleman	SanJose	CA 95110
	Category (See Categories listed at the top of this echedule)	Description	
Purpose Of Expenditure	Benking	Fres	
	Check if travel guildide of Things Complete Senedule T		n, TX officeholder living expense
Complete ONLY if direct expenditure to benefit G/OH	Candidate / Officeholder rame	Office sought	Office held
Date	Payee name		Will all the second sec
2/14/24	Pay Pal		
Amount (\$)	Payed address;	City:	State: Zip Code
3.38	1123 Coleman	Son Jose	CA 95110
ni jegoge	Callegory (See Calegorine Huled at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Berling	Fee	
	Chock if travel cumide of Taxes. Gemplate Sphedule T.	Western Co.	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held